

Department of Professional and Financial Regulation
Office of Professional & Occupational Regulation
Maine Board of Accountancy
35 State House Station
Augusta, ME 04333
207/624-8672
Email: accountancy.board@maine.gov

VERIFICATION OF LICENSURE FOR CPA SUPERVISOR
(Complete this Form ONLY if your Supervisor is not a CPA Licensed in Maine)

In order to verify your experience under the direct supervision of a CPA, this form must be completed by the licensing authority in the jurisdiction where the supervising CPA holds an active license to practice public accounting. You are advised to check with that board before forwarding this form to determine if there is a fee or additional requirements needed to be met before the information will be released. This form does not apply to applicants whose supervisor is a Maine licensed CPA.

SECTION A: To be completed by the applicant. After completing Section A, submit this form to the State Board of Accountancy where the supervising CPA is licensed to practice public accounting.

Applicant Information

Name of Applicant:	Date of Birth:
Mailing Address:	

Supervising CPA Information

Name of Direct Supervisor:	License Number:
Name of Firm/Company:	State Where Certified:
Duration of Supervised Experience. From (Date): To (Date):	

SECTION B: To be completed by the Board of Accountancy where the above-named supervising certified public accountant is certified and permitted to engage in the practice of public accounting, and mailed directly to the Maine Board of Accountancy at the above address.

I certify that (name of licensed CPA):	License Number:	State Licensed:
held an active license to practice public accounting during the entire "Duration of Supervised Experience" as specified above.		
License First Issued:	Expiration Date:	
Comments:		

Seal

Board

Board Official Signature

Title

Date